

STATE OF NEW HAMPSHIRE
FULL TIME ACTIVE NEPBA LOCAL 040, 045, 260, 265 AND 270 EMPLOYEES
POS & HMO PLANS
BI-WEEKLY RATES WITH \$30/\$42/\$52 EE CONTRIBUTION
EFFECTIVE 08/21/2015

HMO

HMO EE CONTRIBUTION			HMO ER CONTRIBUTION		W RATE
	<u>26 PP</u>	<u>ANNUAL</u>	<u>26 PP</u>	<u>ANNUAL</u>	<u>TOTAL</u>
HL-1	\$30.00	\$780.00	\$278.74	\$7,247.24	\$308.74
HL-2	\$42.00	\$1,092.00	\$575.45	\$14,961.70	\$617.45
HL-3	\$52.00	\$1,352.00	\$935.91	\$24,333.66	\$987.91

POS

POS EE CONTRIBUTION			POS ER CONTRIBUTION		W RATE
	<u>26 PP</u>	<u>ANNUAL</u>	<u>26 PP</u>	<u>ANNUAL</u>	<u>TOTAL</u>
HL-1	\$30.00	\$780.00	\$0.00	\$0.00	\$780.00
HL-2	\$42.00	\$1,092.00	\$0.00	\$0.00	\$1,092.00
HL-3	\$52.00	\$1,352.00	\$0.00	\$0.00	\$1,352.00

MONTHLY WORKING RATES

	<u>POS</u>	<u>HMO</u>
HL-1: 1 PERSON	\$ 827.07	\$ 668.94
HL-2: 2 PERSON	\$ 1,654.11	\$ 1,337.80
HL-3: FAMILY	\$ 2,646.61	\$ 2,140.48

POINT OF SERVICE - POS**HEALTH MAINTENANCE ORGANIZATION - HMO****COMPANY-STATE SHARE (3006)****EMPLOYEE SHARE (3004)****COMPANY - STATE SHARE (3003)****EMPLOYEE SHARE (3001)**

WEEKLY
HRS
RANGE

	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u> <u>26 PP</u>		<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u> <u>26 PP</u>
FULL TIME	HL	1	\$ 351.72		HL	1	\$30.00
FULL TIME	HL	2	\$ 721.44		HL	2	\$42.00
FULL TIME	HL	3	\$ 1,169.51		HL	3	\$52.00

	<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER 26</u> <u>PP</u>		<u>TYPE</u>	<u>PLAN</u>	<u>AMT PER</u> <u>26 PP</u>
	HL	1	\$ 278.74		HLTHP	H1040	\$30.00
	HL	2	\$ 575.45		HLTHP	H2040	\$42.00
	HL	3	\$ 935.91		HLTHP	HF040	\$52.00